FEC FORM 1

STATEMENT OF ORGANIZATION

FORM 1	· · · · ·											
		(See instruction	ns)					Offi	ce use only			
1. NAME OF COMMITTEE (ii	n full)	(Check if name is changed)		iple: If typyin the lines	ıg, type	12FI	E4M5		1			_
Staples Polit	ical Action Comm	ttee (Staples PA	4C)								ш	Ш
								1 1				لـــا
ADDRESS (number an	d street)	Staples Drive	ш				ш				ш	Ш
(Check if add is changed)		ingham				<u> </u>	<u> </u>	<u> </u>	, 01702	<u> </u>		Ш . I
			CITY▲			STATE	J ≣▲		7IP	CODE ,	•	
COMMITTEE'S E-M	AIL ADDRESS		0111			017112	_		2.11	OODL !	_	
Kristin.Gosse	elin@staples.com	11111	1 1 1		1111	1 1	1 1	1 1	1 1 1	1 1	1 1	Ш
			1 1 1	 	1 1 1	11	1 1	1 1	1 1 1	1 1	1 1	_ .
COMMITTEE'S WE	B PAGE ADDRESS (U	RL)										
							1 1	1 1				لــا
	111111	<u> </u>					1 1	1 1				لـــ
COMMITTEE'S FAX	NUMBER											
با لبنا												
2. DATE M	M / D D / Y	2007										
3. FEC IDENTIFIC	ATION NUMBER		C C00	391409								
4. IS THIS STATE	MENT X NEW	(N) OR		AMENI	DED (A)							
I certify that I have example	mined this Statement and	to the best of my kno	wledge and	d belief it is tru	ue, correct ar	nd comple	ete					
Type or Print Name o	of Treasurer	Christine Komol	а									
Signature of Treasure	er Electronically File	d by Christine	Komola			Date	0	7	2 0	/ Y	Ý 0 0	7
NOTE: Submission of	false, erroneous, or incon	nplete information ma			_				f 2 U.S.C.	S437g.		_
Office Use Only				For further i Federal Elect Toll Free 800 Local 202-69	tion Commis 0-424-9530				FEC F	ORN d 02/200		_

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5. TYPE OF COMMITTEE (Check One)		
(a) This committee is a principal campaign c	ommittee. (Complete the candidate information	on below.)
(b) This committee is an authorized committee information below.)	ee, and is NOT a principal campaign committ	tee. (Complete the candidate
Name of Candidate		
Candidate Office Party Affiliation Sought:	House Senate	State President District
(c) This committee supports/opposes only on	e candidate, and is NOT an authorized comm	nittee.
Name of Candidate		
(d) This committee is a	(National, State (or subordinate) committee of the	(Democratic, Republican,etc.) Party.
(e) This committee is a separate segregated to the committee supports/opposes more the committee.	und nan one Federal candidate, and is NOT a sep	parate segregated fund or party
6. Name of Any Connected Organization or Affiliated C	ommittee	
<u> </u>		
<u> </u>		
Mailing Address		
	<u> </u>	
	CITY▲ STA	TE ▲ ZIP CODE ▲
Relationship		
Type of Connected Organization:		
Corporation	orporation w/o Capital Stock	Labor Organization
Membership Organization Tr	ade Association	Cooperative

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Write or Type Committee Name			
Staples Political Action Co	ommittee (Staples PAC)		
 Custodian of Records: Identi possession of Committee bo 	fy by name, address, (phone numberoks and records.	optional), and position of the	he person in
Full Name Christine	Komola		
Mailing Address	500 Staples Drive		
_	Framingham		01702
Title or Position ▼	CITY A	STATE	ZIP CODE A
Treasurer		Telephone number	
name and address of any de Full Name of Treasurer Christine	d address (phone number optional) of signated agent (e.g., assistant treasurer).	
Mailing Address	500 Staples Drive		
_	Framingham		01702
Title or Position ♥	CITY A	STATE	ZIP CODE A
Treasurer		Telephone number	
Full Name of Designated Agent			
Mailing Address			
_			
Title or Position ♥	CITY A	STATE ▲	ZIP CODE A
		Telephone number	

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9.	Banks or Other I safety deposit box Name of Bank, Do	ces or	main	tains		List Inds		bar	nks	or o	othe	er de	еро	sito	ries	in	wh	ich	the	co	mm	itte	e d	еро	sits	fur	nds	, ho	olds	ac	CCOI	unts	s, re	ents	3			
	Mailing Address																				1					1		1							<u></u>	_ <u>_</u>		_
	Mailing Address																																					
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